

Entered -9-24-99 - sb
CL 99L0604 - GWENDOLYN BURNS

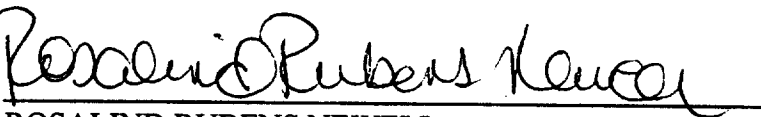
01- R-1039

CLAIM OF:

ERBY WALKER
4284 Kimball Road, SW
Atlanta, Georgia 30331

For damages alleged to have been sustained from an automobile
accident on August 23, 1999 at 5320 Campbellton Road, SW.

THIS ADVERSE REPORT IS
APPROVED

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 99L0604

Date: June 27, 2001

Claimant /Victim ERBY WALKER
BY: (Atty) (Ins. Co.) _____
Address: 4289 Kimball Road, SW, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ 1,684.00 Bodily Injury \$ _____
Date of Notice: 9/1/99 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 8/23/99 Place: 5320 Campbellton Road, SW
Department PUBLIC WORKS Division Solid Waste Services
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his parked vehicle was struck by a city sanitation vehicle. However, the claimant has failed to pursue his claim.

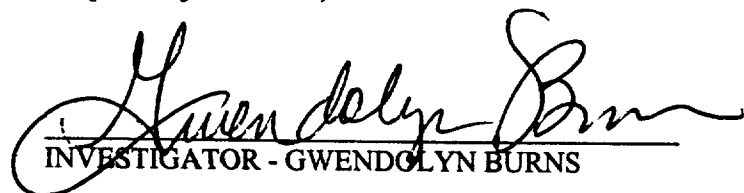
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 06-28-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
CLERK OF COUNCIL
City Hall
68 Mitchell Street, S.W. SEP - 1 1999
Atlanta, GA 30335

RE: CLAIM FOR DAMAGES

TODAY'S DATE: August 24, 1999
ENTERED - 9-24-99 - 3B
99L0604 - GWEN BURNS

Dear Sir:

This is to notify the City of Atlanta that I have suffered damages in the sum of \$ 1684.00 property and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: August 23 1999 2. Police called ✓
(month day year) (yes) (No)
3. Location of incident: A. Philip Randolph Elementary School, Campbell Creek
4. Name of your insurance company State Farm Policy # 6536012-E201
5. State what and how incident occurred: My daughter, Arissa was picking my grandchildren up from school (she was at a stand still) the garbage truck hit the right side of the truck and didn't stop.
(use other side if necessary)
6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE STATEMENTS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages. Complete the following and attached two (2) estimates of repair.

Your vehicle: Ford F150 1993 282 MCZ Erby Walker
(make) (year) (tag#) (driver's name)

City vehicle: _____
(make) (driver's name) (department)

8. Witness: Akinbana Thompson 4482 Tell Road S.W. (404) 344-9606
(name) (address) (phone)

9. The acknowledgment of this claim in no way waives the Governmental Immunity of the City of Atlanta, as granted by State Law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT!

10. THIS CLAIM SHOULD BE MAILED IMMEDIATELY TO THE ADDRESS SHOWN ABOVE

Erby Walker (SEAL)
(claimant)
4289 Kimball Road S.W.
(address)
Atlanta, Georgia 30381
(city) (state) (zip)
(404) 349-1166
(home) (phone) (work)